

# Summary of Benefit Costs

As of January 1, 2024

## Support Staff

### Employer Paid Monthly Costs

#### Health Coverage

Dental	\$146.00
Supplemental Health Care	\$296.00
EFAP	\$3.00

#### Income Protection

Long Term Disability coverage of 70% of salary	2.78% of payroll
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#### Life and Critical Illness Insurance

Basic Life Insurance coverage of 2 times annual salary	\$ .167 per \$1,000
Basic Critical Illness Insurance coverage of \$10,000	TBD

These costs are a taxable benefit.

#### Public Service Pension Plan (PSPP)

PSPP contributions are shared equally by the University and the employee.

	Employer Pays	Employee Pays
Salary up to \$68,500.00	8.30%	8.30%
Salary over \$68,500.00	11.90%	11.90%

### Employee Paid Monthly Costs for Optional Benefits

#### Optional Employee Life Insurance

Monthly Cost per \$10,000 unit; Maximum coverage of 50 units (\$500,000).

Rates are adjusted based on your age on April 1<sup>st</sup> of each year.

Age	Male		Female	
	Non Smoker	Smoker	Non Smoker	Smoker
Under age 34	\$ .40	\$ .80	\$ .20	\$ .30
35 to 39	\$ .50	\$ 1.00	\$ .30	\$ .50
40 to 44	\$ .60	\$ 1.40	\$ .40	\$ .80
45 to 49	\$ 1.10	\$ 2.60	\$ .80	\$ 1.50
50 to 54	\$ 1.90	\$ 4.30	\$ 1.30	\$ 2.40
55 to 59	\$ 3.50	\$ 7.50	\$ 2.20	\$ 3.70
60 to 64	\$ 4.10	\$ 9.50	\$ 2.50	\$ 4.00
65 to 69	\$ 5.20	\$ 11.70	\$ 3.00	\$ 4.60
70 to 74	\$ 11.07	\$ 25.65	\$ 6.88	\$ 11.00

**Optional Dependant Life Insurance** \$10.74

#### Voluntary Accident Insurance Plan (ADD)

Maximum coverage of 16 units (\$480,000)

Employee Coverage \$ .75 per \$30,000 unit of coverage

Family Coverage \$ 1.05 per \$30,000 unit of coverage

#### Optional Employee or Spouse Critical Illness Insurance

Monthly Cost per \$25,000 unit; Maximum coverage of 12 units (\$300,000).

Rates are adjusted based on your age on May 1<sup>st</sup> of each year.

Age	Male		Female	
	Non Smoker	Smoker	Non Smoker	Smoker
Under age 25	\$ 2.50	\$ 3.55	\$ 2.50	\$ 3.45
25 to 29	\$ 3.35	\$ 5.55	\$ 3.45	\$ 5.70
30 to 34	\$ 4.15	\$ 7.50	\$ 4.30	\$ 8.25
35 to 39	\$ 5.05	\$ 9.80	\$ 5.20	\$ 10.25
40 to 44	\$ 7.05	\$ 15.05	\$ 7.65	\$ 14.90
45 to 49	\$ 10.75	\$ 25.20	\$ 11.65	\$ 23.25
50 to 54	\$ 16.10	\$ 41.90	\$ 16.65	\$ 35.70
55 to 59	\$ 22.10	\$ 62.65	\$ 21.95	\$ 54.35
60 to 64	\$ 37.10	\$ 101.80	\$ 35.45	\$ 76.70
65 to 69	\$ 54.40	\$ 155.15	\$ 54.00	\$ 119.15
70 to 74	\$ 108.50	\$ 249.15	\$ 77.25	\$ 172.90

*You will be notified of rate increases that may occur during the annual renewal of these plans.*

